BEST AVAILABLE COPY

PATENT	APPLICATION	FEE DETERMINATION	N RECORD
FAIL III	AFFLICATION		ILCUID

Effective October 1, 2000

Application or Docket I	vumber
0000/16	177

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE (OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		en en en en La compaño	2				RATE	FEE]	RATE	FEE	
FOR		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		77 minus 20= *		. 5	. 7		X\$ 9=		OR	X\$18=	126	
INDEPENDENT CLAIMS			≤≤° mii	=== " (T)				X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT		•			.405			. 070	
* If the difference in column 1 is less than zero, enter "0" in column 2						+135=		OR	+270=	as l		
						TOTAL		OR	TOTAL	090		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 29	Minus	<i>a</i>	フ	= 2		X\$ 9=		OR	X\$18=	36
AME	Independent	· 3	Minus	··· <u> </u>	3	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	TCLAIM			+135=		OR	+270=	
							l	TOTAL			TOTAL	36
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM		'	+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_	emessessormaners	(Column 1)	pop) postopovovovoje		mn 2) HEST	(Column 3)	1 _					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	!	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	 	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					┚┟	105			.070		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **TOTAL** *												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												